

1 LOCATION OF WATER WELL: County: Trego	Fraction SW 1/4 SE 1/4 NW 1/4	Section Number 9	Township Number T 12 S	Range Number R 23 EW
---	---	----------------------------	----------------------------------	--------------------------------

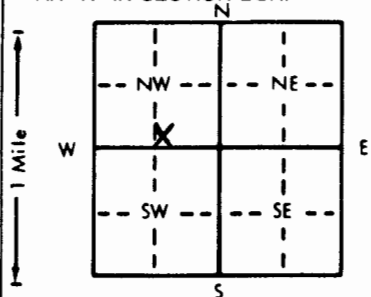
Distance and direction from nearest town or city street address of well if located within city?

510 North Railroad

2 WATER WELL OWNER: **Glen Riggs**
 RR#, St. Address, Box # : **P.O. Box 223**
 City, State, ZIP Code : **WaKeeney, Ks. 67672**

Board of Agriculture, Division of Water Resources
 Application Number:

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:



4 DEPTH OF COMPLETED WELL: **87.5** ft. ELEVATION: _____

Depth(s) Groundwater Encountered 1. **7.5** ft. 2. _____ ft. 3. _____ ft.

WELL'S STATIC WATER LEVEL: **75** ft. below land surface measured on mo/day/yr

Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm

Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm

Bore Hole Diameter: **8** in. to _____ ft., and _____ in. to _____ ft.

WELL WATER TO BE USED AS:

5 Public water supply	8 Air conditioning	11 Injection well
1 Domestic	3 Feedlot	6 Oil field water supply
2 Irrigation	4 Industrial	7 Lawn and garden only
		10 Monitoring well
		12 Other (Specify below)

Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted _____

Water Well Disinfected? Yes _____ No _____

5 TYPE OF BLANK CASING USED:

1 Steel	3 RMP (SR)	5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued _____ Clamped _____
2 PVC	4 ABS	6 Asbestos-Cement	9 Other (specify below)	Welded _____
		7 Fiberglass		Threaded <input checked="" type="checkbox"/>

Blank casing diameter: **4** in. to **6.75** ft., Dia _____ in. to _____ ft., Dia _____ in. to _____ ft.

Casing height above land surface: **0** in., weight _____ lbs./ft. Wall thickness or gauge No. **Sch. 40**

TYPE OF SCREEN OR PERFORATION MATERIAL:

1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	10 Asbestos-cement
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	11 Other (specify) _____
				12 None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify) _____	

SCREEN-PERFORATED INTERVALS: From **67.5** ft. to **87.5** ft., From _____ ft. to _____ ft.

GRAVEL PACK INTERVALS: From **65** ft. to **87.5** ft., From _____ ft. to _____ ft.

6 GROUT MATERIAL: 1 Neat cement 2 **Cement grout** 3 **Bentonite** 4 Other _____

Grout Intervals: From **0** ft. to **6** ft., From **6** ft. to **60** ft., From **60** ft. to **65** ft.

What is the nearest source of possible contamination:

1 Septic tank	4 Lateral lines	7 Pit privy	11 Fuel storage	14 Abandoned water well
2 Sewer lines	5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	15 Oil well/Gas well
3 Watertight sewer lines	6 Seepage pit	9 Feedyard	13 Insecticide storage	16 Other (specify below)

Direction from well? **south** How many feet? **250**

FROM	TO	LITHOLOGIC LOG	FROM	TO	PLUGGING INTERVALS
0	3	CLY, DK BRN, GRVLY			
3	8	CLY, MOD BRN, V SLTY, TR CALICHE			Flush mount cover
8	11	CLY, MOD BRN, SL SLTY, MOD CALICHE			MW16
11	16	CLY, LT BRN, SL SLTY, SL SNDY			
16	28	CLY, LT BRN, SL SLTY, SNDY			
28	37	SND, LT RD/BRN, M TO V C, SRTD			
37	51	CALICHE, WH/GY, SL SNDY			
51	55	SND, LT BRN, F TO M, SRTD			
55	57	CALICHE			
57	65	SND, LT BRN, M TO V C, TR GRVL			
65	69	CALICHE, LT BRN, SNDY			
69	87	SND, LT BRN, M TO C, SRTD			
87	87.5	CALICHE, WH			

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **1** constructed, **2** reconstructed, or **3** plugged under my jurisdiction and was completed on (mo/day/year) **05-20-93** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **527** This Water Well Record was completed on (mo/day/yr) **06-08-93** under the business name of **GeoCore Services, Inc.** by (signature) *Don Ray*

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send in three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.